BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000									4 Wist	[3°	c2/E	in 189	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FE	E 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			6 minus 20=		*			X\$ 9=		OR	X\$18=	·	
INDEPENDENT CLAIMS			/ minus 3 =		*		-	X40=			X80=		
-		DENT CLAIM P		<u> </u>			·	A40=	 	OR	X60=		
						L	+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	710		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎ ┞	+135=			+270=		
								TOTAL		OR	TOTAL	·	
(Column 1) (Column 2) (Column 3)								DDIT. FE		OR	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS		HIGH	IEST .	(Column 3)	lr		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=	Ш	X\$ 9=		OR	X\$18=	·	
	Independent	•	Minus	***		=]	X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									,			
							L	+135=		OR	+270= TOTAL		
TOTAL ADDIT. FEE										OR	ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	1 -						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	1	X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.										+270=			
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Pr viously Pa					r four	nd in the a	ppropriate bo	x in co	olumn 1.		

Application or Docket Number